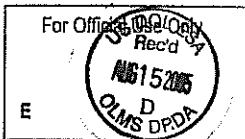


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3132</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>David D Fowler SR.</u> P.O. Box, Bldg., Room No., if any Street <u>1300 S Andrews Ave</u> City <u>Pompano Beach</u> State <u>FLA</u> ZIP Code + 4 <u>33069</u>	4. Name, file number, and address of labor organization. Name <u>EUPAT DISTRICT COUNCIL 78</u> Labor Organization File Number <u>00000000 540 828</u> P.O. Box, Building and Room Number, if any Street <u>2153 W. OAKRIDGE RD</u> City <u>Orlando</u> State <u>FLA.</u> ZIP Code + 4 <u>32809</u>
5. Position in labor organization. <u>Union Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

David Fowler SR.

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

David Fowler SR.

On

8/17/05  
Date

954-946 9310 x104  
Telephone Number

Name of Person Filing

David Fowler Jr.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUPAT Joint Apprentice Training

Trade Name, if any: Chicks

P.O. Box, Bldg., Room No., if any

Street 2153 W Oakridge Rd

City Orlando

State FL ZIP Code + 4 32809

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Aug-12-05 03:56pm From-IUPAT

T-741 P.01/04 F-441

August 12, 2005

*Personal & Confidential***VIA FACSIMILE**

David Fowler  
2153 West Oak Ridge Road  
Orlando, FL 32809

Re: **LM-10/LM-30 Reporting**

Dear Mr. Fowler:

I am sure you are aware that all Trust Fund's dealing with labor organizations are now required, for the year 2004 (and subsequent years) to file LM-10 reports that show the value of things paid for, or on behalf of, officials of labor organizations. Correspondingly, labor officials, in most instances, are required to file LM-30 reports showing these amounts.

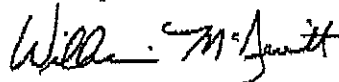
Our fund records indicate the following things of value and, absent guidance from the Department of Labor to the contrary, will be reported on our LM-10 forms:

<u>Date</u>	<u>Event</u>	<u>Value</u>
3/10/04	Dinner-LMCI Glassbuild Show	\$100.01

We are providing this information to you to assist you in the preparation of your form LM-30.

If you have any questions, if we may be of further assistance, or if your records disagree, please contact my office.

Sincerely,



Bill McDevitt  
Fund Administrator

lj/iupat 1937  
f/LMCI-LM30 Reporting

PAINTERS AND  
ALLIED TRADES  
LABOR MANAGEMENT  
COOPERATION INITIATIVE

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